



## Complete Summary

---

### TITLE

Diagnosis and management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents: percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV or DSM-PC criteria being addressed.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Mar. 68 p. [135 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.

### RATIONALE

The priority aim addressed by this measure is to increase the use of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic

and Statistical Manual for Primary Care (DSM-PC) criteria for patients newly diagnosed with attention deficit hyperactivity disorder (ADHD).

#### **PRIMARY CLINICAL COMPONENT**

Attention deficit hyperactivity disorder (ADHD); Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria

#### **DENOMINATOR DESCRIPTION**

Total number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients reviewed (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

Number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients with documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

#### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents.](#)

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Unspecified

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

### Application of Measure in its Current Use

#### **CARE SETTING**

Physician Group Practices/Clinics

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

#### **TARGET POPULATION AGE**

Age 5 to 18 years

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

Attention deficit hyperactivity disorder (ADHD) is a high prevalence condition ranging in school aged children from 3% to 5%, based on previous diagnostic criteria, to 11% to 12%, based on more recent Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition/Diagnostic and Statistical Manual for Primary Care (DSM-IV/DSM-PC) criteria.

#### **EVIDENCE FOR INCIDENCE/PREVALENCE**

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Mar. 68 p. [135 references]

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Living with Illness

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All children and adolescents from kindergarten through 12th grade (ages 5 to 18) diagnosed with attention deficit hyperactivity disorder (ADHD)

Medical groups may identify their patient samples in several ways. One way is to use available information systems to identify patients with ADHD from all payers. A minimum sample of 10 charts is suggested.

Suggested data collection time frame is monthly.

**Note:** Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

Total number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients reviewed\*

\*ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Newly diagnosed is defined as documented ADHD in past 6 months and no documentation of ADHD codes in the previous 6 to 12 months.

**Exclusions**

Unspecified

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

**DENOMINATOR TIME WINDOW**

Time window precedes index event

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients with documentation\* of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed

\*Documented is defined as any evidence in the medical record that DSM-IV or DSM-PC criteria were addressed. DSM-IV or DSM-PC criteria include evaluation for:

- symptoms
- onset
- duration
- pervasiveness
- impairment

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties**

**EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information**

**ORIGINAL TITLE**

Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV or DSM-PC criteria being addressed.

**MEASURE COLLECTION**

[Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School Age Children and Adolescents Measures](#)

**DEVELOPER**

Institute for Clinical Systems Improvement

**ENDORSER**

National Quality Forum

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2005 Jan

**REVISION DATE**

2007 Mar

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jan 69 p.

**SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Diagnosis and management of attention deficit hyperactivity disorder in primary care for school-age children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2007 Mar. 68 p. [135 references]

**MEASURE AVAILABILITY**

The individual measure, "Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV or DSM-PC criteria being addressed," is published in "Health Care Guideline: Diagnosis and Management of Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org)

## **NQMC STATUS**

This NQMC summary was completed by ECRI on March 15, 2005. This summary was updated by ECRI Institute on September 25, 2007.

## **COPYRIGHT STATEMENT**

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

## **Disclaimer**

## **NQMC DISCLAIMER**

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.



Readers with questions regarding measure content are directed to contact the measure developer.

© 2008 National Quality Measures Clearinghouse

Date Modified: 11/3/2008

